Name in Full: Thos Butler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newtown — County: Charles

Date of death 1904: Month: Feb — Day: 20th — Age: ~~Years~~ 3 weeks — Months — Days

Sex: male — Color or Race: colored — Birthplace: Chas Co

Married, Single or Widowed: single — Occupation: —

Name of Wife or Husband: none

Father's Name: Thos. Butler — Father's Birthplace: don't know

Mother's Maiden Name: Mary D Young — Mother's Birthplace: Chas Co

Name of person giving Information: M D. Young — How related to deceased: mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Dyspepsia — How long: 3 weeks

Immediate: [redacted] — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owen

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Lola Maybellen Chapman

CERTIFICATE OF DEATH

MARYLAND

Died et: Town: Prigoh — County: Charles

Date of death: 1904 — Month: 2 — Day: 29 — Age: Years: 4 — Months: 2 — Days:

Sex: F — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Prigoh

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: Walter A Chapman — Father's Birthplace: Md

Mother's Maiden Name: Celia Smith — Mother's Birthplace: Md

Name of person giving Imformation: W. A. Chapman — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 5 days.

Immediate: Odema of Lungs — How long: About 48 hours

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: Jno. L. Harmon

Address: Mason Springs Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Unnamed Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Lonchua — County: Chas

Date of death 190: Month: 2 — Day: 12

Age: Years: — Months: — Days: 1

Sex: male — Color or Race: Black — Birthplace: Mt Lonchua

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Alex Ford — Father's Birthplace: Chas Co Md

Mother's Maiden Name: Margaret Jackson — Mother's Birthplace: " " "

Name of person giving information: Wm Henson — How related to deceased: Employer

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup — How long: 1 day

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A833516

W. F. Brauner

Name in Full: Washington Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Trompkensville; County: Charles

Date of death 1904: Month: Feb; Day: 10; Years: Age 80; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Mary Washington

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Charles Butler

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W R Clark

Address: Newburg Md

Accident or Suicide?

LIBRARY BUREAU A80510

Name in Full: Roozevelt Henson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pisgah — County: Charles

Date of death 1904 — Month: 2 — Day: 25

Age — Years: — Months: 10 — Days: 25

Sex: Male — Color or Race: C — Birthplace: Pisgah

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: William Henson — Father's Birthplace: Md

Mother's Maiden Name: Helen M Dorsey — Mother's Birthplace: Md

Name of person giving Information: William Henson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heredity Complication — How long: One month

Immediate: Spasms. Convulsions. — How long: 7 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jamd L Hamer

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full — Certificate of Death

Amanda E. Higdon.

Died at Town: Equality — County: Caroline — MARYLAND

Date 1904 — Month: 2 — Day: 13 — Age: Y. 83 M. 7 D. — Native of: Va. — Occupation: Teacher

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 6

~~Husband~~ Wife of John Higdon.

Father's Name: Hugh Bangum — Mother's Name: Rhoda

Cause of Death — Primary: Stomach disease — How long sick: 3 yrs.

Immediate — ~~Accident, Suicide, Homicide~~

Reported by J. L. Higdon Jr. Co.

Address Ridgeside.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55059

Name in Full: Rebecca Holton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Newport — County: Charles

Date of death 1904 — Month: July — Day: 27 — Age: Years — Months: 11 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Newport

Married, Single or Widowed: — — Occupation: —

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: Estelle Holton

Father's Name: Hilary Holton — Father's Birthplace: Chas Co

Mother's Maiden Name: Estelle Butler — Mother's Birthplace: St. Mays Co

Name of person giving information: Hilary Holton — How related to deceased: Br

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Thrush — How long:

Immediate: Not-Known — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Charles Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pisgah — County: Charles

Date of death: Month: Feb. — Day: 27 — 1904 — Years: Age 5 — Months — Days

Sex: M — Color or Race: C — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: S — Name of Wife or Husband

Father's Name: Wm Henry Jones — Father's Birthplace: Md

Mother's Maiden Name: Martha Sweeden — Mother's Birthplace: Md

Name of person giving Imformation: Wm H Jones — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia — How long

Immediate: Conjestion of Lungs & Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Hamon

Address: Mason Springs Md.

Accident or Suicide?

LIBRARY BUREAU A83818

Name in Full: Louis F Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hughsville; County: Charles

Date of death: Month: 2; Day: 16; 1904; Age: Years: 27; Months; Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Carpenter; Where Residing if not at place of death: Hughsville Md

Married, Single or Widowed: Married; Name of Wife or Husband: Lizzie Long

Father's Name: Alex. Long.; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Wm Farmer; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 9 mo

Immediate: Acute Coriza; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. C. Chappelle M.D

Address: Hughsville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Charles Henry Marshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Waldorf (County) Charles

Date of death 1904 (Month) May (Day) 17 Age (Years) 5-2 (Months) (Days)

Sex Male | Color or Race Colored | Birthplace Md

Married, Single or Widowed Widower | Occupation Laborer

Name of Wife or Husband —

Father's Name — | Father's Birthplace

Mother's Maiden Name — | Mother's Birthplace

Name of person giving Information Robert Butler | How related to deceased Nephew

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate Apoplexy | How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician G. O. Thomson

Address Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A8691a

Name in Full: Samuel W. Marshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near White Plains; County: Charles

Date of death 1904: Month: Feb; Day: 28

Age: Years: 1; Months: —; Days: —

Sex: Male

Color or Race: colored

Birthplace: Charles Co

Married, Single or Widowed: single

Occupation: —

Name of Wife or Husband: —

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Father's Name: Samuel Marshall

Father's Birthplace: Charles Co

Mother's Maiden Name: Eliza Thomas

Mother's Birthplace: Charles Co

Name of person giving In formation: Samuel Marshall

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 2 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S Owen, M.D.

Address: La Plata Md

Accident or Suicide? no

LIBRARY BUREAU A69516

Name in Full — Certificate of Death

Rachel Middleton

Died at — Town: Harris Store — County: Charles — MARYLAND

Date 1899 — Month: May — Day: 2 - 19 — Age: Y. 32 M. 7 D. 24 — Native of: Md — Occupation:

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Henry Middleton — Mother's Name: Evelina Middleton

Cause of Death — Primary: Consumption 27. — How long sick: One year

Immediate — Accident, Suicide, Homicide

Reported by: T L Hamilton

Address: Marbrie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full: James A Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town:

County: Charles

Date of death: 1904 — Month: Feb — Day: 4

Age — Years: — Months: — Days: 4

Sex: Male

Color or Race: Black

Birthplace: Charles Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Robertson

Father's Birthplace: Chas Co

Mother's Maiden Name: Dealy Lyles

Mother's Birthplace: Chas. Co

Name of person giving Imformation: Father

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not known

How long: 2 days

Immediate:

How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: M Dr. in attendance

Address: William T. Hicks

Sup. R. Waldorf Md

Accident or Suicide?

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LIBRARY BUREAU A88316

Name in Full: Gregory P Simmons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pisgah — County: Charles

Date of death: Month: 2 — Day: 10 — Years: 1904 — Age: 30 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: Pisgah Md

Married, Single or Widowed: M. — Name of Wife or Husband: Lizzie Rosella Simmons

Father's Name: James A Simmons. — Father's Birthplace: Md

Mother's Maiden Name: Louisa Bowie. — Mother's Birthplace: Md

Name of person giving Imformation: Lizzie A. Simmins 120 — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hart, Kidneys and Lung Complications — How long: About 2 months

Immediate: Congestion of Lungs Asthma and Heart Failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel L. Hayman

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A80916

Name in Full: Sarah A. Springfield

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Beaudette — County: Cecil

Date of death 1904 — Month: 2 — Day: 19 — Age — Years: 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: Beaudette Md

Married, Single or Widowed: Widow — Name of Wife or Husband: John H. Springfield

Father's Name: Edward Hemmington — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: J. H. Chappelear — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Regurgitation — How long

Immediate: Heart failure — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. C. Chappelear M.D.

Address: Stephenville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brandt — County: Charles

Date of death — Month: 2 — Day: 16 — Years: Age 26 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Home Mkr — Where Residing if not at place of death: Brandt Md

Married, Single or Widowed: Married — Name of Wife or Husband: Alex Thomas

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: 27 — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 12 mos

Immediate: Diarrhoea — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. C. Chappelear M.D

Address: Hughesville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Bush Tubman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Grayton — County: Charles

Date of death 1904 — Month: Feb — Day: 4 — Age — Years: 65 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Henry Keep — How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure to cold found at night — How long: —

Immediate: Unconscious in the snow — How long: —

Are the name, age, sex, color. date and place correctly given above? —

Signature of Physician: D. N. Speake MD

Address: Grayton md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs Lucy Wheeler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Newburg; County: Charles

Date of death 1904: Month: Feb; Day: 14; Age: Years: 75; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: House Keeper

Name of Wife or Husband: Fread Wheeler

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Fread Wheeler

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W R Clark

Address: Newburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George L Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Waldorf — County: Charles

Date of death 1904 — Month: Feby — Day: 17

Age — Years: 7 — Months: — Days: —

Sex: M — Color or Race: W — Birth-place: Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Farm

Name of ~~Wife~~ or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: M Williams — Father's Birthplace: Md

Mother's Maiden Name: Susan Taylor — Mother's Birthplace: Md

Name of person giving In formation: ~~Father~~ M. Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cyn — How long: 10

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G D Plummer

Address: Waldorf

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: John H. Wills Charles

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Spring Hill County: Charles

Date of death 1904 Month: Feb. Day: 10 Age Years: 72 Months: 0 Days: 0

Sex: Male Color or Race: Colored Birthplace: Charles County

~~Married, Single~~ or Widowed Occupation: Labourer

~~Name of Wife or~~ Husband

Father's Name: John Wills Father's Birthplace: Charles Co.

Mother's Maiden Name: Priscilla Brown Mother's Birthplace: " "

Name of person giving In formation: William H. Wills How related to deceased: Son

15-4

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age How long

Immediate: Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Peter W Roby asst- Registr

Address: Bel Alton

M. D.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Wood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomfrett — County: Charles

Date of death 1904: Month: 2 — Day: 19 — Age: Years: 26 — Months — Days

Sex: Female — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Pomfrett.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Lewis Wood — Father's Birthplace: Md

Mother's Maiden Name: Celia Brown — Mother's Birthplace: Md.

Name of person giving Imformation: J. H Campbell. — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Th phoid. Pneumonia — How long: 3 weeks

Immediate: Asthenia & Heart Disease — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul L. Hamm. M.D.

Address: Mason Springs Md.

Accident or Suicide?

LIBRARY BUREAU A88316